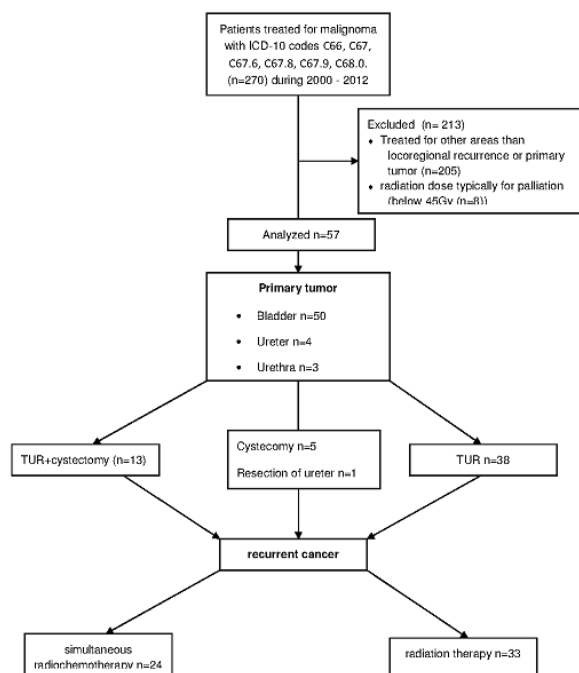


of treatment. Patients treated with TUR-B followed by radiotherapy were significantly older compared to patients with cystectomy before radiotherapy and were less likely to receive chemotherapy. There was no significant difference for the length of the interval between first treatment and radiotherapy for the three groups. Despite of this, type of surgical procedure before radiotherapy did not show an impact on overall survival ( $p = 0.86$ ).

**Conclusion:** In our study we found equal survival of patients treated with (chemo)radiotherapy after TUR-B only compared to patients with cystectomy prior to radiotherapy. Younger age and more concomitant chemotherapy of the latter group was not able to prolong survival.



#### EP-1388

**Primary penile cancer: role of adjuvant RT for extracapsular extension in lymph nodes**

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**Purpose or Objective:** In cancers of the head and neck (HNCa), lymph node (LN) status is a critical prognostic factor. Further, the presence of extracapsular extension (ECE) has been shown prospectively to be a criterion for the addition of chemotherapy to postoperative radiation therapy. Limited data exist regarding ECE in inguinal or pelvic LNs from primary penile cancer (PeCa).

**Material and Methods:** We retrospectively analyzed outcomes of patients with PeCa and pathologically confirmed LN across four international tertiary referral centers. Clinical and demographic characteristics were compared of outcomes (local control and overall survival) by ECE status and between those who had received adjuvant RT or not.

**Results:** Records of 93 patients were available. Median age at time of LND was 65.3 years (range 35.9-90.2 years). Median follow up was 9.4 months (IQR: 5.3-19.4). The median number of involved ILNs was 4 (range 1-12), and median PLNs positive was 2 (range 1-21). 72% of patients had ECE in the

inguinal area and 49% had ECE in the pelvis. Infield failure occurred in 26/87 sites with ECE and 8/64 sites without ECE ( $p = 0.015$ ). In the presence of ECE, patients receiving RT experienced infield failure in 17/50 cases and in 10/38 patients not receiving RT ( $P=NS$ ). Absent ECE, patients failed infield in 5/40 cases after RT and 3/24 cases without RT ( $p=NS$ ). RT was not associated with improved OS ( $p=0.073$ ) or recurrence ( $p=0.492$ ) on multivariate analysis. Chemotherapy was significant on multivariate analysis for recurrence ( $p = 0.009$ ) but not survival ( $p=0.334$ ).

**Conclusion:** ECE is associated with increased likelihood of local recurrence in PeCa patients. Contrary to the experience in HNCa, adjuvant RT has no impact on local control. Prospective studies are needed to validate this unusual finding and further develop the timing and roles of RT and chemotherapy for PeCa patients with advanced disease.

#### EP-1389

**Stereotactic radiotherapy for oligometastatic patients with renal cell carcinoma**

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**Purpose or Objective:** the aim of this study was the evaluation of local control (LC) and toxicity in oligometastatic patients with renal cell carcinoma (RCC) who had undergone stereotactic radiotherapy (SRT) with CyberKnife (Accuray, Sunnyvale, CA) or Vero™ (BrainLab) for cranial and extracranial metastases.

**Material and Methods:** between January 2012 and September 2015, 23 patients (30 lesions) with metastases of RCC were treated with SRT alone to the new site of disease (if limited disease) or to residual disease during the maximal response in systemic therapy. Disease control was evaluated with serial imaging. Toxicity was recorder according to the Common Toxicity Criteria version 4.0.

**Results:** after a median follow-up of 10 months (range 0 - 36 months) 20 patients were alive. Ten patients received SRT alone and 13 patients received that during the maximal response of systemic therapy. The median equivalent of the dose (EQD2) was 50.6 Gy delivered with a median of 2.7 fractions (range 1-5) and the median biological equivalent dose (BED) was 51 Gy assuming  $\alpha/\beta = 10$  for tumour. Six patients are lost in follow-up. Clinical and radiological response was thus evaluated in 17 patients and the their LC was 100% (57.1% of patients received SRT alone and the others patients are still undergoing systemic treatment. 27.7% of patients had more than 12 months follow-up and the LC was again 100%). Progression of disease in the other sites was observed in all cases. No toxicity was observed.

**Conclusion:** SRT is a feasible approach that offer an excellent LC with low toxicity profile in the treatment management of oligometastatic patients with RCC with or without the association of systemic therapy. Further investigation is warranted to identify the patients who would probably benefit from this approach.

#### EP-1390

**Cystoman in the prevention of acute radio-induced urinary toxicity in irradiated pelvic region**

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